



THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150 Tel: 617-660-4640 | TTY: 617-660-4660 | FAX: 617-660-5973 MASS.GOV/CJIS



This form is $\underline{\text{NOT}}$ to be faxed. Please return form to Northampton Parks & Recreation

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, OR LICENSING AND PURPOSE.

Northampton Parks & Recreation Department is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant, or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Northampton Parks & Recreation Department** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Northampton Parks & Recreation Department** with written notice of my intent to withdraw consent to a CORI check.

I also understand, that **Northampton Parks & Recreation Department** may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI subject	Date
Check appropriate box below	
☐ Employee	
☐ Volunteer	
☐ League	





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SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.

The fields marked with an asterisk (*) are required fields.

*Eirst Namo	Middle Initial
	Middle Initial:
	Suffix (Jr., Sr., etc.):
Former Name 1:	
Former Name 2:	
Former Name 3:	
Former Name 4:	
*Date of Birth (MM/DD/YYYY):/	Place of Birth:
*Last Six Digits of Your Social Security Nu	umber: XXX 🗖 No Social Security Number
Sex: Heightfti	n Eye Color: Race:
Driver's License or ID Number	State of Issue
Father's Full Name:	
Mother's Full Name:	
	Current Address
*Street Address:	
	*State: *Zip:
	SUBJECT VERIFICATION
The above information was verified by revie	wing the following form(s) of government issues identification:
Verified by:	
Print Name of Verifying	Employee
Signature of Verifying Fr	nnlovee Date